June 1991

Clinical Center News

Special TQM Facilitator Issue

New Gaucher Disease Protocol Is Early Success

By Ellyn J. Pollack, APR

When Caryn Mervis came to the Clinical Center two years ago, the eight-year-old had an enlarged abdomen and pain in her bones and spleen. She could not play with other children because she became tired easily. She was listless and underweight.

Virginia Feldman came to the Clinical Center in 1989 with severe anemia, an enlarged spleen, and low platelet count. At age 36, she lacked energy, experienced an overwhelming feeling of fatigue, and often had to stay in bed.

Today, both patients have much more energy and feel immensely better. "The quality of my life has changed significantly," Feldman says. "Before, I would get so tired that sometimes I just wanted to cry. Now I have a lot more energy. I can go out in the evening, and I have a lot more flexibility and usable time during the day."

Olive Graham, R.N., noticed significant improvements in Mervis as well. "There's just a big change," she says. "Caryn started gaining weight and keeping up with the kids at school. She is very active now, like a whole new

GAUCHER Continued on Page 3

Dr. Barton and Caryn Mervis—partners in the Gaucher disease protocol.

New Oral Drug Appears Effective In Treating PCP

By Ellyn J. Pollack, APR

A recent Clinical Center study at the National Institutes of Health shows that 566C80, a new drug from Burroughs-Wellcome Co., is a safe, well-tolerated, and effective oral agent to treat *Pneumocystis carinii* pneumonia (PCP). Eighty-six percent of the HIV-infected patients with PCP who participated in the protocol responded well to the new drug.

"This is good news for someone who is allergic to standard therapy," says Dr. Judith Falloon of the Clinical Center's Critical Care Medicine Department, who is principal investigator of the study. "It also is safe enough that it can be combined with other treatments.

"Another advantage of 566C80 is that it is an oral drug, which is good for outpatient therapy. In the Clinical Center protocol, we were able to treat the patients predominantly on an outpatient basis."

The Clinical Center study, which was conducted in collaboration with the National Institute of Allergy and Infectious Diseases, examined the safety and tolerance of 566C80 at different dosages. The protocol involved treating 22 HIV-infected patients with PCP. Some patients received 750 mg. of 566C80 three times a day for five days, then twice a day for 16 additional days; others received 750 mg. three times a day for 21 days; and the remainder received 750 mg. four times a day for 21 days. The drug was comparably effective in all three groups.

Only one patient stopped

PCP Continued on Page 5

HHS Employees of the Month April

Jessica Foster

Office of Management Support Services

Foster was nominated for this position because she gives quality customer service. She is always helpful and handles difficult people without stress. She keeps a positive attitude under the most trying situations and is excellent in communication skills. She is always willing to make beautiful posters for the office as she continues to answer the phones and talk to walk-ins. Jessica is doing a great job and deserves to be recognized for going the extra mile.

Veronica Leftwich

Department of Rehabilitation Medicine

Leftwich processed the EPMS Award Bonus for the Department of Rehabilitation Medicine. The disk containing data on employees in the EPMS pool was provided on a floppy disk. Our department does not have access to a computer with a floppy disk drive. She used initiative to copy the information onto a disk to compute the work necessary using an unfamiliar software package. This was done within an efficient, organized, and timely period, well in advance of the deadline for submitting the EPMS Awards Bonus Package. It was accurate and did not require corrections by the Personnel Office.

Ellen Williams, EEO specialist, recently received an award for her 20 years of government service. She has been in the federal government since 1971 and with the Clinical Center since 1976. "I really enjoy the challenges of helping people understand the EEO process," says Williams. When she retires, she plans to continue in the profession as an EEO investigator.

Research Volunteers Wanted

The Laboratory of Neurosciences at The National Institute on Aging is seeking healthy volunteers to participate in a study investigating the effects of aging on brain functions. Volunteers must be in excellent health, medication-free, and without past or present major health problems. Those under age 30 and over age 60 are particularly needed. Procedures require approximately 13 hours and participants can receive a stipend of up to $300, depending on the actual time involved. For more information call 496-4754 Monday through Friday 9 a.m. to 5 p.m.

CC News

Editor: Karen D. Riedel

Editorial
Assistant: Maria Dove

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10 room 1C255 or by calling 496-2563. Deadline for submission is the second Monday of each month.

Eckelman Returns To Clinical Center

By Ellyn J. Pollack, APR

William Eckelman, Ph.D., recently returned to the Clinical Center as chief of the new positron emission tomography (PET) program. The PET program is comprised of 30 staff members who function closely with the Nuclear Medicine Department.

A primary goal of the new department, according to Eckelman, is to develop new radiopharmaceuticals to better define physiological processes *in vivo*.

"By injecting radioactivity that goes directly to the target organ," he explains, "we can use PET scans to study physiology and detect changes caused by diseases. One disease may change the physiology one way, and another disease will change it a different way. We work closely with the institutes and try to develop radiotracers that will help researchers understand the diseases through external imaging."

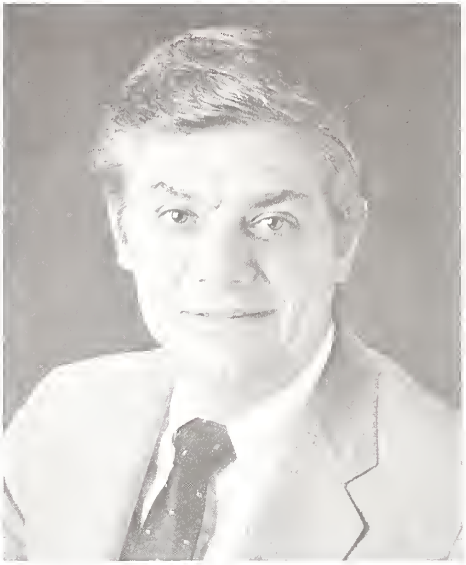
Working in the Clinical Center is not new for Eckelman, who was chief of the radiopharmaceutical chemistry section, NMD, until 1985.

"I was here when the Clinical Center purchased the cyclotrons," he recalls. "Then I left and spent six years in the pharmaceutical industry."

During those six years, Eckelman worked at The Squibb Institute for Medical Research in Princeton, N.J. He accepted a position in 1985 as associate director of the institute and director of diagnostics research and development. Two years later, he was named vice president of diagnostics research and development, a position he held until he returned to the Clinical Center this spring.

"I always liked the research opportunities at NIH," Eckelman explains. "I have the opportnity to work with institute directors in many different areas."

Eckelman has won numerous awards for his research, and he has published nearly 200 articles. He has also taught at The George Washington University Medical Center.


William Eckelman is new chief of PET program.

A native of Houston, Texas, Eckelman received his bachelor's degree from St. Louis University and his master's degree and doctorate in chemistry from Washington University in St. Louis, Mo. ■

GAUCHER Continued from Page 1

child."

Mervis and Feldman were two of the 12 patients with non-neurological Gaucher disease who participated in an enzyme replacement protocol conducted by Norman Barton, M.D., Ph.D., chief of the clinical care unit, DMNB, NINDS, and Roscoe Brady, M.D., chief, DMNB, NINDS. Patients received enzyme infusions every two weeks; after six months, there was a 100 percent response rate, according to Barton, who designed the study.

When patients have Gaucher disease, a hereditary metabolic storage disorder, certain cells fill up with a lipid (fat) that cannot be broken down because the body lacks an enzyme called glucocerebrosidase. When there is not enough of that enzyme, the lipid accumulates in cells—called macrophages —primarily in the liver, spleen and bones, but other body organs may also be affected.

While symptoms vary for each patient, the most common symptoms include an enlarged spleen or liver, low blood counts, and bone changes with bone pain. Some patients experience frequent nose bleeds or bruising, while others may have diarrhea after eating large or fatty meals, or they may experience breathing problems if Gaucher cells are in the lungs. Bone problems may include pain, fractures, or changes in the bones of the spine or other bones in the body.

Brady, co-principal investigator of the enzyme replacement protocol, recently received the "Kovalenko Medal" from the National Academy of Sciences in recognition of his work in Gaucher disease and enzyme replacement therapy. In 1965, Brady discovered that patients with Gaucher disease lacked the glucocerebrosidase enzyme. He then proposed that the

GAUCHER Continued on Page 4

GAUCHER Continued from Page 3

patients may benefit from enzyme replacement. In 1973, patients first received small quantities of the enzyme, which had been isolated from human placental tissue and injected intravenously. The enzyme caused significant reductions in the amount of lipid accumulated in the patients' livers, and it reduced the elevated quantity of lipid in the blood.

The recent protocol, which included 12 Gaucher patients, represents the first successful enzyme replacement therapy for any hereditary metabolic storage disorder. All of the signs caused by the disease were reversed through this therapy, according to Brady.

"The enzyme can be directed or targeted to the macrophages by certain sugars on the enzyme," Barton explains. "By doing that, we deliver significant quantities into those cells. Once the enzyme gets into the macrophages, it breaks down some of the accumulated lipid."

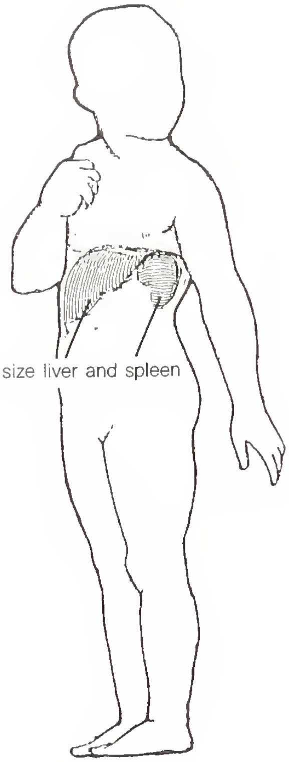
Once the size of the liver and spleen is reduced, doctors need to determine how much enzyme is needed to maintain patients in a healthy state.

"Like diabetes, these patients will have Gaucher disease for the rest of their lives," says Brady, "but the amount of enzyme they need should decrease. We have just begun a new protocol to determine how much enzyme is needed for maintenance. We also want to determine what is the minimum amount needed to get a clinical benefit."

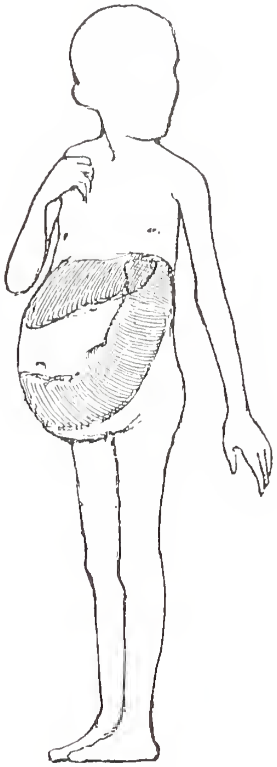
Under the new protocol, Barton hopes to be able to reduce the amount of enzyme needed by as much as one fifth. The study will involve 40 patients with the non-neurological, type 1 Gaucher disease. All of the patients will receive a low dose of enzyme every two weeks, but half of them also will receive an agent that may increase the efficiency of the enzyme.

"If successful, the cost of this new therapy will dramatically decrease," Barton says. "Access of patients to this therapy will not be limited by the high cost."

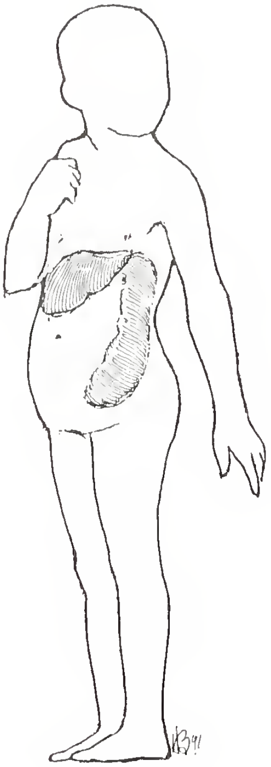
Another protocol Barton and Brady plan to start this summer will focus on type 3 Gaucher disease, a more aggressive form of Gaucher disease with involvement of the nervous system. Eventually these patients lose the ability to function independently. Many die from problems with the liver, spleen or blood count. The study will focus on reversing systemic problems. It also will provide physicians with an opportunity to start investigating brain disorders. Eventually they may need to get the enzyme into the brain in some of these patients in order to reverse brain problems. ■



Normal size liver and spleen



Pre-treated



Post-treated

Donor Appreciation Day—Fun in the Sun

Have you ever wanted to throw a pie in your boss's face? If you work in the Department of Transfusion Medicine (DTM) and have donated blood, you had that opportunity on May 17 at the annual donor appreciation day.

This year, the day's events included an awards ceremony followed by a carnival outside the DTM facilities. The DTM staff opened the ceremony with a skit based on the popular Sunday night sitcom, "Married With Children," for the audience of mainly blood donors. The awards ceremony featured guest speaker Alvin Atlas, father of Allison Atlas, the young local woman who searched the country last year for a bone marrow donor.

"Without your blood, Allison would not be alive today," Atlas said. "From the bottom of our hearts, my family and I thank you."

In addition, many awards were given to those blood donors who had donated 10 gallons and more, and those who had donated blood for 20, 25, and 30 years.

The next part of the day's activities, exclusively for the blood donors registered with the blood bank, was a carnival outside DTM in the courtyard area. Registered donors were given coupon books for food, games, and gifts, including T-shirts and plastic cups.

Chief of DTM Dr. Harvey Klein drew a large crowd as he volunteered to be the victim of the pie throwing booth, following the good sportsmanship-like example of donor resources representative Kristine Metter.

"She is out of her mind," Ileana Lopez, senior fellow, screamed with laughter as she walked by the pie throwing booth and saw Metter being creamed.

At other booths, participants could win prizes by shooting baskets or knocking cans off a platform; have a photo button made; and receive a printed list of the events that occurred during the month and year they were born. Popcorn, cotton candy, snow cones, hot dogs, and sodas were also available for donors.

"It is wonderful to have the opportunity to come together to thank all the blood donors and those who made this event necessary," said Janet Pavel, blood services supervisor. ■

NIH blood donors enjoyed playing games, such as darts, at the blood donor appreciation day carnival in May.

PCP Continued from Page 1

treatment halfway through the study because of side effects; two others stopped because the PCP worsened after a few days of treatment.

A few patients suffered minor side effects, according to Falloon. Five people had a mild rash, two developed a fever, and 10 had a slight increase in liver enzymes.

"The drug is safe, well-tolerated and appears to be effective," Falloon says. "It is well tolerated with other drugs that are often required with HIV infection."

PCP is one of the most common causes of death for AIDS patients. Standard therapy includes trimethoprim and sulfamethoxazole, and intravenous pentamidine, but many people cannot tolerate these drugs.

"It also is important to use something to prevent recurrence of PCP," Falloon adds. "The next step is to compare 566C80 with standard therapy and to evaluate it for the prevention of PCP." ■

Peg Fisher Retires After 20 Years At NIH

By Maria Dove

More than 40 people celebrated Peg Fisher's retirement from the Clinical Center Nursing Department on April 30. Nancy Hanna, nursing service chief of the Allergy, Arthritis, Child Health, Eye, Dental, and Deafness Service (AACHEDDCD) presented Fisher with a certificate commemorating 20 years of service at NIH. Dr. John Decker, former Clinical Center director, gave Fisher a framed picture of the Clinical Center signed by co-workers. Susan Schaefer, head nurse of ambulatory care AACHEDDCD nursing service, presented Fisher with a dogwood tree.

"Peg brought spirit to work with her and I hope that the unit will keep that spirit alive," Decker commented.

"Peg has been kind to everyone, especially the patients, and the patients loved her," Schaefer said.

Fisher says she enjoyed every minute at NIH. She retired after 20 years as a patient care technician at NIH. She had many assignments during her tenure.

In 1971, her first assignment was with the arthritis and metabolic clinic on 9 West working with Joyce Harris, head nurse. Next, she worked with lupus and arthritis; at that time Decker was head of the unit. For seven years, Fisher was the phlebotomist, drawing blood from patients.

Moving on, Fisher worked on the dental/oral surgery clinic for a year. Her final destination at NIH was the 9th floor clinic where she worked with the child health endocrine unit, handling four clinics in the morning and three in the afternoon. During this time, she also worked with the adult endocrine, diabetes, and thyroid clinics. On Wednesdays, Fisher worked in the genetics clinic. Her duties included setting up tests ordered by doctors for the precocious puberty clinic.

"The clinic is a terrific place to work and the people are all just fantastic," Fisher says.

Throughout her career, Fisher enjoyed the challenges of the rapid change at NIH and the contact with patients. "The mom came out of me working with patients, smoothing things over," she comments.

While at NIH, she has seen specialized improvement within the building itself and among the nursing staff. Nurses are now working in the area in which they are trained, she explains.

Fisher expresses that she will always remember that her work was appreciated by everyone she came in contact with: doctors, nurses, patients, visitors, and the NIH staff.

During retirement, she plans to rest, garden, travel throughout the United States, and relax when she returns from her 50th high school class reunion. ■

Westinghouse Scholars Visit NIH

By Hilda Madine-Mejia

A group of 20 high school seniors who won the Westinghouse Talent Search came to the Clinical Center this spring for a visit with NIH biomedical researchers.

The top 40 winners of the competition were invited to an all-expense paid five-day trip to Washington, D.C. These outstanding students, ranging in age from 15 to 18 years, came to Washington, D.C., to compete for scholarships and awards worth $205,000.

On March 1, half of the 40 students elected to spend their day at NIH. Appointments were scheduled throughout the day with NIH scientists. Twenty-two scientists from 10 institutes met with the students and addressed their specific interests.

In addition to setting up and exhibiting science projects at the National Academy of Sciences, each student was interviewed by an eight-person board of judges. The student's independent research project was the principal basis for decision in the search. Ten finalists were selected by the panel and were awarded Westinghouse Science Scholarships as follows: one $40,000 scholarship; one $30,000

STUDENTS Continued on page 7

New Technique In Diagnosing *Pneumocystis Carinii* Pneumonia

By Ellyn J. Pollack, APR

Researchers at the Clinical Center of the National Institutes of Health have developed a new technique for detecting *Pneumocystis carinii* pneumonia (PCP) in induced sputum and bronchoalveolar lavage. Using the polymerase chain reaction (PCR) technique, Dr. Gregg Lipschik and colleagues searched specimens of induced sputum, bronchoalveolar lavage (BAL), or whole blood for a small piece of DNA that is specific for PCP. The new technique amplifies the tiny amounts of the specific DNA so that it can be detected more easily. PCR is a sensitive procedure already used as a research tool for diagnosing human immunodeficiency virus and other infections.

Other investigators previously demonstrated the sensitivity of PCR on lavage specimens, but this is the first study using PCR on sputum and whole blood specimens.

"Based on the preliminary data, we are able to diagnose, by examination of induced sputum, a number of patients with PCP who are negative using standard staining techniques," says Dr. Joseph Kovacs, senior investigator in the Clinical Center's Critical Care Medicine Department. "PCR allows us to detect fewer organisms than we would with a standard technique. This may save patients from undergoing a bronchoscopy."

PCP frequently is diagnosed by inserting a bronchoscope into the lungs to obtain fluid or tissue samples. Although these techniques are generally safe and sensitive, they involve some risk and discomfort to the patient, and they are expensive.

Another standard diagnostic technique is the examination of induced sputum, but the sensitivity of this method is variable, according to Kovacs.

In the Clinical Center protocol, 91 specimens of sputum, BAL fluid, and whole blood were examined using two sets of PCR primers, which define the piece of DNA that will be amplified. PCR was 75 to 100 percent sensitive and 83 to 92 percent specific in these cases.

"PCR is potentially a very good technique because it is so sensitive," Kovacs says. "We now are trying to determine whether it is worth going through this time-consuming technique to make a diagnosis. Is there enough increase in yield without loss of specificity?

"We also are collaborating with the National Institute of Allergy and Infectious Diseases to develop the technique as a clinical assay, so that it may be used in the clinical microbiology laboratory. Currently we are using radioactive materials to conduct PCR."

The study was presented on May 3 at the American Federation for Clinical Research in Seattle. Other authors include Vivian Andrawis, Clinical Center, Critical Care Medicine Department; and Dr. Vee J. Gill and Nancy Nelson, Clinical Center, Clinical Pathology Department. ■

STUDENTS Continued from Page 6

scholarship; one $20,000 scholarship; three $15,000 scholarships; and four $10,000 scholarships. The remaining 30 finalists received $1,000 each.

Five of the 20 students who visited NIH received awards at a banquet held at the Washington Hilton Hotel where President Bush was the guest speaker. Those students included: second place winner Denis Lazarev, 17, of Fair Lawn, N.J., with his molecular genetics project; third place winner William Ching, 17, of New York City, with his neurobiological research on the optic nerve; sixth place winner Tessa Walters, 17, of San Dimas, Calif., with her biochemistry project; seventh place winner Debby Lin, 17, of Elmhurst, N.Y., for her project-identification of an evolutionary relationship between two virus groups; and eighth place winner Yves Jeanty, 16, of South Ozone Park, N.Y., for his project in cellular biology.

Ashley Reiter, 17, from North Carolina, won the first place scholarship for her mathematics project in fractal geometry.

Westinghouse finalists often move on to further distinction. Five of the 2,000 finalists since the competition began in 1942 have won MacArthur Foundation Fellowships for research in the physical and life sciences. The National Academy of Sciences has elected 28 finalists to its organization, and three finalists have been elected to the National Academy of Engineering. ■

On the QT

Facilitators

Alice Marie Stone, Spiritual Ministry Department, (left) and Rebecca Brewer, Patient Activities Department.

(clockwise from left) Charles Carter, Department of Transfusion Medicine; Wendy Schubert, CC Communications; Jim Wilson, Building Services; Michele Evans, Hospital Safety; Janet Pavel, Department of Transfusion Medicine; and Sherry Sheldon, Department of Transfusion Medicine.

By now, most Clinical Center employees are familiar with Total Quality Management (TQM) and the Quality Together (QT) process at the Clinical Center. Facilitators nominated by each department to implement the QT process have completed training and are bringing the TQM philosophy back to their offices and labs. Clinical Center departments are in various stages of QT. Some have completed training and have formed quality teams. Others are just starting QT training.

Charles Carter, research technologist and facilitator in the Department of Transfusion Medicine (DTM), says his department completed its training in four sessions over a five-week period.

"Right now," says Carter, "we are trying to develop an awareness of the program."

Carter believes the QT process "lets us go beyond our own individual positions to understand how we fit in the Clinical Center community, to define roles, develop methods to measure, and then meet the needs of Clinical Center customers."

Carter sees numerous benefits resulting from TQM.

"We will be able to take advantage of expertise that exists but was previously unknown," he says. "We will learn to take advantage of each other's skills and abilities. It is a tremendous pleasure to get together with people from other departments. You see how much talent the Clinical Center has, and it gives you a realization of how much we can accomplish as a team. I am happy and honored that I have been given this challenging opportunity."

The Hospital Epidemiology

FACILITATORS Continued on Page 9

Housekeeping and Fabric Care Department: (back row left to right) John Smith, Walter Moten, and Mary Johnson; (front row from left to right) Rachel Flowers and William Lomax.

Nursing: (back row left to right) Eileen Dimond, Tannia Cartledge, Linda Coe, Mary Wherry, Carol Romano, Jean Jenkins, P.J. Maddox, Joan McCuen, and Peggy Coleman; (front row left to right) Ruth Litzenberger, Nancy Hanna, Mary Vienna, and Diane Thompkins.

(clockwise from left) Johnelle Branch, Outpatient Department; Delores Koziol and Mary Willy, Hospital Epidemiology; Mary Busse, Diagnostic Radiology; and Clara Chen, Nuclear Medicine.

FACILITATORS Continued from Page 8

Service, much smaller than DTM, has two facilitators and held its TQM department training in March.

"With such a small group, it was easy to organize the training for just two sessions," says Mary Willy, TQM facilitator and epidemiologist. "It went really well. Our department works with many other departments and we already have much of the same goals as TQM—so it was not all new. Everybody was receptive and it was a lot of fun for us."

Willy adds, "I think TQM will make working with the other departments a little easier. TQM reminds us that while we work for a department, we also work for the Clinical Center. It gives a community feeling."

The Nutrition Department has taken major strides in adopting the TQM process. Staff members have completed their training and had a graduation ceremony, complete with diplomas and a cake, to mark their progress.

"I am really sad to see the training end," says Lisa Gallagher, food service supervisor and facilitator. "I really enjoyed it. I got to know people better. We were virtually segregated into clinical and food service areas before. It is nice to see the whole department working together.

"TQM has given us a chance to understand each other's jobs and has made it easier to understand one another's needs. When we divide up into quality teams, working together will be even easier," she speculates.

Gallagher says she has noticed an increase in employee morale and involvement.

FACILITATORS Continued on Page 11

TQM Facilitators

Critical Care: (clockwise from left)
Shelia Perry
Sandra Montgomery
Gwen Davis
Dennis Brown

(from left)
Anesthesiology:
Forrest Jabir
Surgical Services:
Jane Hall
Jeanne Leitschuh

Nutrition: (from left)
Lisa Gallagher
Patricia Bell
Elaine Ayres
Ainslie Pitcher

(back row left to right) Jill Deuel and Jessica Miller, Medical Record; Melissa Keller, Management Support Services; and Rona Buchbinder, Educational Services; (front row left to right) Lawrence Green and Mary Lou Pengally, Pharmacy.

Materials Management: (from left) Anthony Gaither, Donald Ellis, and Michelle Parker.

Clinical Pathology: (clockwise from left) Deborah Stone, Timothy Fink, Janice Glickman, Peggy Spina, Kathy Roden, Ronald Elin, and Francis Waterhouse.

FACILITATORS Continued from Page 8

"Our people have great ideas," she says, "and they are very anxious to share them. They know their jobs better than anybody. Now they have the chance and the format to express ideas, and it is already very helpful to the department."

In addition, the Nutrition Department has started four internal projects and has implemented a TQM suggestion box.

"We are going for the early successes," cheers Gallagher. "It is amazing the changes we have already seen!"

QT coordinators Pat McMahon and Maureen Stoppenbach are pleased with the enthusiasm of all the facilitators. According to Stoppenbach, "The biggest challenge now will be to maintain the momentum and positive energy of the facilitators as they carry the 'quality' message back to their areas."

McMahon and Stoppenbach believe that with continued support and planning, along with the start-up of some quality improvement projects in the Clinical Center, continuous quality improvement will become a new way of doing business. ■

Not Pictured

Nursing: Susan Wallace, Jane Addington, Barbara Corey, Maria Stagnitto, Sandy Birdsong, Tino Merced, and Kathy Fedenko
Information Systems: Edwinta Moye and Regina Nealon
Social Work: Louise Meister
Rehabilitation Medicine: Steve Stanhope
Clinical Pathology: Cynthia Crew

Stan and Edith Horowitz, a husband and wife volunteer duo, recently received recognition awards at the Volunteer Service Awards Ceremony. They have a combined total of 2,715 hours of dedicated volunteer service at the Clinical Center. Mr. Horowitz has volunteered at the CC since 1983 and Mrs. Horowitz since 1987.

June Calendar of Events

5 **Grand Rounds**
noon-1 p.m. Lipsett Amphitheater
Cancer Therapy 1991: Progress or Paralysis?, Robert Wittes, M.D., NCI *Mammalian Parenting*, Norman Krasnegor, Ph.D., NICHD

13 **Educational Services Office**
noon-1 p.m. Lipsett Amphitheater
Issues Around Value Judgements. No advanced registration required.

12 **Grand Rounds**
12 noon-1 p.m. Lipsett Amphitheater
Osmolytes: How Kidney Medullas Survive High NaCl and Urea, Maurice Burg, M.D., NHLBI., *CC Alum Lecture: Ethical Considerations in Research Involving Human Subjects*. Robert Levine, M.D., Yale University School of Medicine

13 **Employee Counseling Service Guest Lecture Series**
noon-1 p.m. Bldg. 31, Conference Room #4. *Changing Currents: Dealing with Disabilities in the Workplace*, Dave Grey, Ph.D., and panel.

18 10:15-2:15 p.m. *Proper Telephone Techniques.* Advanced registration required. Call 496-1618.

19 **Grand Rounds**
noon-1 p.m. Lipsett Amphitheater
The Professor in Action, Richard Kopelman, M.D., Tufts New England Medical Center, challenges James Shelhamer, M.D., CC, to *Decode Cryptic Clinical Cases.*

20 **Employee Counseling Service Guest Lecture Series**
noon-1 p.m. Little Theater, Bldg. 10 *Disabilities*, film and discussion

26 **Clinical Staff Conference**
noon-1:30 p.m. Lipsett Amphitheater
Information Systems in Medical Practice: State-of-the-Art and a Glimpse of the Future, Thomas Lewis, M.D., CC, moderator

28 **Bioethics Journal Club**
3:30-5 p.m. Bldg 10, Room 2C310 *Assisted Suicide.* For more information call 496-2429.

4
11
18
25

Employee Counseling Service Video Seminar Series
noon-1 p.m. Little Theater, Bldg. 10, *Stress Management for Professionals*, video with Roger Mellott. Facilitator: Michael Bowler, Ph.D.